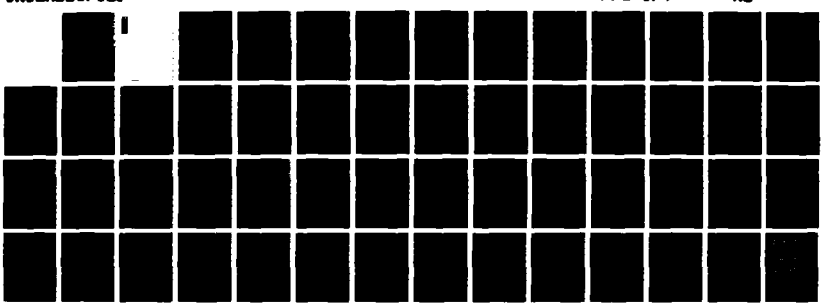
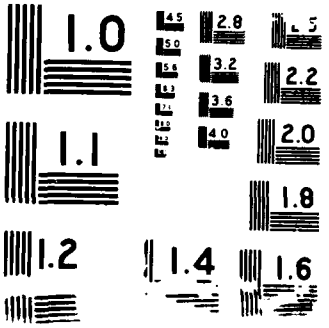
AD-A195 028 ECHOES FROM THE PAST - LESSONS FOR THE FUTURE: A VIETNAM ORAL HISTORY(U) ARMY WAR COLL CARLISLE BARRACKS PA S I RICHIE 30 MAR 88 1/1

UNCLASSIFIED F/G 5/4 NL




1.0
1.1
1.2
1.4
1.6
1.8
2.0
2.2
2.8
3.2
3.6
4.0
4.5
5.0

unclassified

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER	2. GOVT ACCESSION NO. A195028	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Echoes From The Past...Lessons for the Future: A Vietnam Oral History		5. TYPE OF REPORT & PERIOD COVERED Individual Study Intended for Publication
		6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s) Lieutenant Colonel Sharon I. Richie, USA		8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS		12. REPORT DATE 30 March 1988
		13. NUMBER OF PAGES 50
14. MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office)		15. SECURITY CLASS. (of this report) UNCLASSIFIED
		15a. DECLASSIFICATION DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

Distribution unlimited.

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

18. SUPPLEMENTARY NOTES

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

In interviews sometimes humorous sometimes painful, seven active duty Army nurses shared his or her most vivid memories, demanding experiences, and coping strategies of their year in Vietnam. Much has been written about the war itself and the problems of some with post-traumatic stress syndrome. But, few have heard the voices of those who served and then stayed on for a successful military career. In the words of one nurse, "I would tell them about some of the funny things that happened...I could get away with that, but I never

DD FORM 1 JAN 73 1473 EDITION OF 1 NOV 65 IS OBSOLETE

unclassified

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

20. told them about the rest of it." These seven nurses broke their silence about nursing in Vietnam in hopes that their memories might help those who might be called to serve in the future. Specifically, they address: preparation, greetings in country, relationships, hootches and homes, incoming rounds, incoming casualties, relief, expectants, goodbyes and closure.

USAWC MILITARY STUDIES PROGRAM PAPER

ECHOES FROM THE PAST...LESSONS FOR THE FUTURE
A VIETNAM ORAL HISTORY

AN INDIVIDUAL STUDY INTENDED FOR PUBLICATION

by

Lieutenant Colonel Sharon I. Richie, AN

Lieutenant Colonel Martin W. Andresen, FA
Project Advisor

U.S. Army War College
Carlisle Barracks, Pennsylvania 17013
30 March 1988

ABSTRACT

AUTHOR: Sharon I. Richie, LTC, AN

TITLE: ECHOES FROM THE PAST...LESSONS FOR THE FUTURE
A Vietnam Oral History

FORMAT: Individual Study Intended for Publication

DATE: 30 March 1988 **PAGES:** 37 **CLASSIFICATION:** Unclassified

In interviews sometimes humorous sometimes painful, seven active duty Army nurses shared his or her most vivid memories, demanding experiences, and coping strategies of their year in Vietnam. Much has been written about the war itself and the problems of some with post-traumatic stress syndrome. But, few have heard the voices of those who served and then stayed on for a successful military career. In the words of one nurse, "I would tell them about some of the funny things that happened...I could get away with that, but I never told them about the rest of it." These seven nurses broke their silence about nursing in Vietnam in hopes that their memories might help those who might be called to serve in the future. Specifically, they address: preparation, greetings in country, relationships, hootches and homes, incoming rounds, incoming casualties, relief, expectants, goodbyes and closure.

TABLE OF CONTENTS

INTRODUCTION

> . . . I would tell them about some of the funny things that happened. And for most of those people, that was enough because they didn't know enough to ask me anything else. . . . I could get away with that, but I never told them about the rest of it.1
>
> Sally Graham LTC, AN
> November, 1987

"Those people" to which Sally Graham2 referred are 4,150 active duty Army nurses who did not serve in Vietnam.3 Most are familiar with post-traumatic stress syndrome suffered by some Vietnam Veterans. Some are even aware of the ANC study on the subject.4 But, few have heard the voices of those who served, and then stayed on for a successful military career. What were their Vietnam experiences and how did they sustain themselves? What might they say to those who will serve in a future combat hospital? Exactly what is the "rest of it" not told by Colonel Sally Graham and the other Vietnam nurses still in the Corps?

When I first asked the question in 1972, the deafening silence was broken by occasional jokes, or a passing reference to pictures in footlockers: "I'll show them to you one day." For me, nursing in Vietnam was a set of orders and little information about what to expect. As it turned out, my reporting date was one month after the troops had been ordered home.

Ten years later, the secret was still intact. The footlockers remained closed; the jokes stopped completely, and my questions about sustainment of nurses in Vietnam remained unanswered. My career was enveloped by disaster nursing. Ships

exploded in the San Francisco Harbor and Letterman Army Medical Center prepared for the big earthquake. Mass casualty exercises became real when 32 broken Canadians were admitted to the 8th EVAC Hospital within four hours. As Chief Nurse, I was proud of the nurses who worked quickly and efficiently throughout the next 48 hours. Four weeks of trial and error taught me a lot about sustainment of nurses in the field. But, what would have been different had it been a combat zone instead of a Texas suburb?

Still silent about their own Vietnam experiences, colleagues vehemently denied the picture painted by Lynda Van Devanter's 1983 book, Home Before Morning.[5] "She distorted everything!" "We never had that many amputations." "She makes us sound like a bunch of drugged, alcohol-driven, party goers."[6] A direct question to a friend who had been in Vietnam elicited, "Parts of it are true. We ran to the bunkers every night, to wait out the incoming rounds. You had to do something to keep from going crazy. Do you want to go to dinner now, or come downstairs and see the new doll house I'm building?"[7]

Murmurs were coming from the void, but they were fragmented and disjointed. My questions kept multiplying. "What part was true? What did you do to get through the rough spots? What do I need to know, if we are called again?" Still, answers were not forthcoming. One attempt to broach the subject with the chain of command met with, "But Vietnam was a unique situation. If you really want to look at sustainment skills, go back to World War II or Korea." That peaked my interest, but I was overwhelmed by

a sense of time urgency. The 350 Vietnam nurses left on active duty would be lost to retirement in the next few years.

Opportunity knocked in August 1987 with my selection to attend the US Army War College. The school granted permission to do an oral history on seven active duty Army nurses who had served in Vietnam from 1965-1969. Currently assigned to senior positions, each felt it was time to speak out. Their names have been changed to protect their privacy. During their individual interviews, sometimes painful, sometimes humorous, each nurse shared his or her most vivid memories, demanding experiences, coping strategies, and advice for those left to carry on. By breaking the silence, they allow us to journey through a "year" in Vietnam. In doing so, they also epitomize the 1988 ANC Birthday slogan: "Caring for each other in a special way; working side-by-side and sharing every day... Remembering our heritage of honor and tradition of service. Army Nurse Corps February 2, 1901-1988."8

This paper provides an overview of a one year tour in Vietnam. Starting with when they first knew they were going to Vietnam through their homecoming and after effects, topics include: preparation; in country; relationships; hootches, huts, and home; incoming rounds; incoming casualties; relief; expectants; goodbyes; and closure. Direct quotes from the nurses interviewed, describe the demanding situations incurred and the sustainment skills used.

PREPARATION...

"It was very important to me to have something real to imagine and try to get some kind of a feel for what it was going to be like when I actually got there."[9] The search for concrete information was easily satisfied with packing lists, advice from returning veterans, and sponsor letters. The search within for professional confidence ran the gamut of the spectrum. Lieutenant Brown took a trunk full of nursing textbooks to counter his thoughts of, "Holy smokes, I am going to get over there and be expected to be an authority and I won't know anything." He took them but he never used them, whereas Lieutenant Miller[10] didn't take her books and wished that she had done so.

New to the military but solidly grounded with an extensive academic nursing background, Major Freeman[11] requested a clinical rotation to prepare her for the different types of patients she could expect to encounter in Vietnam. Permission was granted. Four months later, Major Freeman went to Vietnam not only more clinically proficient, but impressed by a Chief Nurse who not only listened to her concerns, but actively addressed them. "The Chief Nurse there was outstanding...in fact she's probably the reason I stayed on active duty after my assignment in Vietnam."[12] Major Freeman carried that impression to Vietnam and put it to work on her medical intensive care ward.

Lieutenant Davis'[13] preparation began after seeing a newspaper article about Army nursing at the 93d EVAC. Mesmerized by the hospital tents and the face of a Vietnamese orphan, she

felt compelled to "...try to get there and find out what it was all about." After negotiating a guaranteed assignment to Vietnam immediately following basic training, Ms Davis settled her personal affairs and Lieutenant Davis packed for a combat zone.

IN COUNTRY...

One went by ship, the others by plane. One had over a week to wait, the others arrived in less than 24 hours. "As the door opened, the air conditioning of the cabin of the aircraft soon dissipated and we felt the hot, moist, dank, smelly air basically from the jungle all around. We didn't know that, because you can't see at 2 AM in the morning. You have the feeling that this will probably be the last time you see civilization for a long, long time."14

Colonel Graham echoed those same sentiments, but for a different reason: "...the door opened and this young captain in full combat gear and two or three troops got on the plane. They explained that they were taking ground fire and that the plane would not be shutting down its engines. They would be taking off soon and we were expected to literally run from the airfield into this little covered hut... it was kind of an introduction."15 Lieutenant Colonel Davis received the same introduction: "They deplaned us in a rapid fashion and we had to run across the tarmac in our high heels and our Class A uniforms, with a guy on either side trying to hasten our speed...I don't recall being frightened. I was probably in culture shock ..."16

Davis' self assessment of "culture shock" proved to be

accurate. Culture is a society's way of life passed on from generation to generation.17 But what happens when you quickly step into another culture, vastly different from your own? Colonel Graham explained, "...particularly when you first get there, you think about how you would define yourself, how anyone would define themselves. It's by where they work, what they wear, what they do, and what they own...When you first get in country, all of that is gone. You didn't really have anything to define you. You didn't have a place. You didn't have a real job. You didn't have any of the clothes or things you faintly remember. All of that was gone. It was like starting new."18

New was everything from an escorted, champagne toasting, helicopter flight to your hospital, to a CIA prop plane that dropped you off in the middle of a deserted field. Such was the case for then Lieutenant Graham, who up until this point had kept her sense of humor. While at the inprocessing station, she was issued new fatigues and jungle boots. "I put these things on and the pants were at least two feet too long. The pant legs were hanging; the arms were hanging; I was sweaty; I was hot. I really didn't want to be there. I was a mess and then I closed the door to see the mirror...Up on top, was a poster that was very popular at the time. It showed this Army nurse in starched fatigues, with her hair done, and her lipstick just perfect, and it said, 'The most beautiful woman in the world, the Army nurse'."19

Graham got a good laugh out of that one, and continued

laughing on the prop plane when the window fell out and wisps of clouds came up through the hole in the floor. But, the laughter turned to tears on the deserted airfield, and the tears turned to anger when she found she was at the wrong hospital: "I don't care where I'm suppose to be, I am here and I am staying."20

Assignments were made once the nurses arrived in country, but it usually took a few days to complete the paperwork and make the transportation arrangements. Most found themselves guests of the 90th Replacement Battalion in Bien Hoa. Colonel Freeman, a major in 1967, described her first three days in country: "They were terrible. It was crowded...It was hot. I think I had about three hours sleep and one full meal in those three days. Mostly it was spent trying to occupy one's time gainfully in the midst of having absolutely nothing to do except wait... Some of the worst times were getting to the latrine in the dark. There were no lights. There was a lot of fire at night, a very narrow pathway and people were falling off the pathway and getting hurt. It was a dirty latrine. I guess with so many people there wasn't a lot of cleaning being done. All in all, I looked at it later on as being very positive. It was very good psychologically because after that you were so glad to get out of [the] 90th Replacement Depot that anything would look good."21

RELATIONSHIPS...

Colonel Freeman also attributed her positive outlook to "...the cohesiveness of the group." All had been selected from the same stateside hospital to help establish the 91st EVAC in

Vietnam. As a result, many ties had already been formed. As the head nurse of a medical surgical ward, she ensured that those ties extended to the enlisted personnel who had been sent over earlier. "We got over there early enough to help with painting the wards, putting in the wiring, opening the conexes, putting the furniture out, and getting involved in that kind of basic stuff. I think that strengthened the ties between the enlisted personnel and the nurses who got there early on."22

Teamwork, comradery, cohesiveness--words used over and over again. They are descriptive of a positive working relationship. But there was more. "...whatever was happening somewhere else, it didn't matter. I was very aware of that when they sent me the hometown paper. Initially, I got it and read it all. Then it would come and it would sit for days and days and days, but I never opened it and finally threw it away. When I really thought about it, it was because nothing in there had any importance to me. It didn't relate to me at all. The people I cared about, the people who meant the most to me, everything, my whole life, was right there."23 Colonel Graham was talking about something more than a collegial relationship. She was talking about a family that loved and supported each other.

Support went across the chain of command with colleagues, but it also went down the chain. Sometimes the support needed was light-hearted, like finding a home for a horse before the hospital commander learned of the new mascot. At other times, the support needed was more in the form of protection. Senior

nurses stepped in to help subordinates with everything from unwanted sexual advances from senior officers to unwanted party invitations after a twelve hour shift.

Major Freeman frequently met with her younger nurses to discuss their problems. She had expected and prepared for the physical and emotional demands of patient care. Not expected was the responsibility for the emotional health of her charges. Colonel Freeman remembers this as the most demanding part of her year: "...trying to support them, trying to keep them out of mischief, and trying to help them get to where they wanted to go. Probably also in intervening between them and the administrative staff, because there were times when that was needed. They were young and they had a lot of energy and the administrative staff was a little bit older. They didn't always understand that or if they did understand it, as I look back on it, they really didn't do too good a job of explaining to us why certain things needed to be the way they said they needed to be."24

Support crossed hospital department lines and military service lines. Colonel Davis used the word "cherish" to describe her feelings about her most vivid memory of Vietnam: "...the teamwork and comradery that came with all the staff in the facility and in the EVAC Hospital. That extended out into the helicopter unit, the dust-off unit that was attached to the hospital and into the other line units around us. We seemed to be the greatest contribution to morale there because they knew they were going to be cared for if they were injured. It seemed

to be a real boon to their being able to continue with the thankless task that they were having to do. It gave you a genuine respect for one another and it really made the whole tour of duty, the whole experience, tolerable. And not only tolerable, but if you will, 'enjoyable.' Not in the task that we had to do, but in the pride we felt in doing it. It was what we went there to do, and that was to take care of our troops."25

Lieutenant Colonel Miller eventually found the same mutual respect. But, the road to that point proved difficult. She explained: "There were certain officers who objected to our being there. I am not talking about those necessarily in the hospital. I am talking about others. One officer explained to me that it was better to fight a war without women around. Only because of the personal side to it. I think it was the sense of wanting to remain loyal to his wife and he didn't like the idea that there were women there constantly reminding him that women did exist... I think he objected to the fact that some of the men were able to have relationships with women and he did not want that because of his sense of obligation to his wife. But he had to deal with it. So he said it made it harder. However, he told me sometime later, that a friend of his had been seriously injured and had survived because of the nurses and that that had changed his attitude."26

Even within the hospital, relationships were not always as close as those experienced by Freeman and Davis. Lieutenant Brown had problems with people "...who operated under a kind of

martial law, a biggest man on bunker hill concept. It was everything for themselves; they didn't care about the group as a whole, or your personal problems. You could be hurting very much inside...It made me cry."27 And cry he did. Not for the humiliation of a public tongue lashing from a senior officer; but because of the frustration of working with a man who continually showed so little respect for other people. Eventually, Lieutenant Brown stood back and reassessed the situation: "I sort of forgave him. It was helpful to me too, because it kept me from being upset all of the time. He was an upsetting person. You can't go around being upset all the time. You have to keep on going, keep on living."28

HOOTCHES, HUTS... HOME

That philosophy worked in a number of situations. Colonel Owen[29] used it as a captain when she was reassigned after two weeks. She moved from a "civilized" apartment complex at Qui Nhon to an old wooden hootch in Chu Lai. "I shared it with nine nurses. We had beds or bunks; just odds and ends. That was it. That was what a hootch consisted of. Later on in the tour, they were able to give us a metal locker, but you had to put them together yourself...We had to go out because you had no indoor plumbing at Chu Lai. We has no bathroom. We walked down quite a distance from our hootch and they had these three or four hole community bathrooms in there...They were actually outdoor toilets. Across the way, we had a shower. The shower consisted of a shower head hanging up there and you pulled this chain and

the water came out of the tank on the top of it. If the sun was shining, you had warm water. If the sun didn't shine like during the rainy season, you had your cold showers."[30] Captain Owen accepted an offer to move to different quarters. "I moved there for one month just before my PCS because I was able to go to the bathroom and flush the commode."[31]

Housed in the servant quarters for Madame Nhu's old summer villa in Qui Nhon, Lieutenant Colonel Miller had the luxury of indoor facilities for her first two weeks in country. "There was one bathroom between two rooms so there were about 4-8 to a bathroom. That was the most interesting experience. They said never lock the bathroom door...'one in the shower, one on the pot and one at the sink.' That's the way we lived."[32] Living also included sustaining oneself with food. For Colonel Miller, it was the high point of her ship voyage to Vietnam: "There was a lot of 'down' time. We lived for meals. We lived to go to breakfast; we lived to go to lunch; and we lived to go to dinner. There wasn't a lot to do on the ship, because it was so packed."[33]

Mealtimes proved to be more difficult once she was on shore. After the two week stint in the servant quarters (with MACV mess hall privileges), Colonel Miller moved to a tent eight miles out of Qui Nhon. She described her first attempt to return to the mess hall: "We went back in one day, went to their mess hall to eat and this captain, who was in charge of the compound came up to us and said, 'Ladies, you can eat here this time but don't

come back.' As I think about it, I guess that was the closest I have ever come to picking up my plate and throwing it in somebody's face. That was my first reaction, but then I calmed down...I know that there were problems with getting food and we'd go in town and eat at the mess because it obviously had better food that the B-rations or whatever it was we had out in the 'The Valley'."[34]

INCOMING...ROUNDS

Even with the problems described, the spartan living conditions generally were deemed as nothing more than inconveniences or hassles easily handled. Not so in the case of incoming rounds. One of Colonel Davis' most frightening experiences was when her hospital was shelled. "During that night we took over 120 rounds into both the hospital compound and the entire base camp of the 25th Infantry. There was a huge fire over to the north of us on post and having been there before, some of the other nurses looked to me. In my strongest voice I said, 'Don't worry about it they won't let anything happen to us. If they overrun us, they'll land the chinooks [helicopters] in the middle of the compound and take the nurses and the most seriously injured patients out.' What I didn't know was that the large fire on the other side of the base camp was the chinooks, all ten of them."[35]

"I think that's the first night that I really thought that I could have gotten injured by one of those rounds, when I heard it whistle overhead....Rockets are a rather impersonal thing; you

figure that if they get you, they don't have your name on it. If hit by a piece of shrapnel, it was just your time. It was just when small arms fire began to come into camp now and then, that you felt, 'WOW!' That's real personal because they're aiming at you."[36]

That was Colonel Davis' first tour in Vietnam. Things took a different turn on the second tour, two years later: "I got to do a little more MEDCAP, which is what we called going out into the villages. It was a very strange sense of foreboding every time we would go out into the villages. I felt a lack of security or safety that I had not felt on the first tour. When I went out to a Cu Chi subsector village, if the kids weren't waiting around the MEDCAP building, we would do a rapid turnaround and get right back to post, because that was indicative that the Viet Cong were around somewhere. If we stayed there, we would have put ourselves in jeopardy."[37]

Lieutenant Colonel Hansen[38] served on a thoracic team during 1968. As a lieutenant, he frequently went on medical missions in the field. Unlike Lieutenant Davis, Hansen was unable to fly away when he sensed danger. Someone had turned the coordinates around: "...they were dropping them on us instead of putting them where they were suppose to...That was the worst experience for me because there were probably 4 or 5 Vietnamese in that bunker... That was the only place that could protect you from any of this stuff coming in. It didn't get real close but they were walking them up the street, off the road towards us."[39]

He saw the bunker as a haven from a very concrete threat, but not everyone saw it that way.

"What I hated the most was going into the bunkers. To me, that was the most dreary thing--to think that you all head for these bunkers and I didn't know how safe the bunkers would be. They looked like they were sanded up there. They had rats in them. The banks had holes in them. You clamped a whole group of maybe 10, 12, 14 nurses in a bunker. That is where my friend got into problems because she had a phobia. She would not go into the bunkers. She was reprimanded and they were going to give her an Article 15 for not going into a bunker. Maybe it was her life if she chose to die out in the open."[40] Colonel Owen still questions the relative safety of the bunker: "How many of the mass group would be hit in comparison to staying out and maybe only one or two people would be hit?" Be that as it may, Colonel Owen did go to the bunker: "It seemed like bunker life was an every night drill for us but it was not a drill, it was actual mortar rounds coming in...Then after the bunker routine, we would have to take care of the casualties."[41]

Different reactions to the different threats, or different reactions because of a different perception of the same threat? Colonel Freeman has wondered about that over the years: "I'm not sure, but I think that I perceived a much less personalized response to danger by the females, than the males. When we would be going out on these MEDCAPS, on helicopters to these odd places out in the hills, one of the first things the men did getting

ready to go, was to get themselves a personal weapon. That was never the first reaction of the females. They were annoyed when they had to get into their helmet and flak jacket and get in the bunker. But, there was never a sense of impending doom or feeling expressed that the world was going to fall apart because I'm over here. They seemed to be other-directed, in those instances. Much more other-directed than the men."42

When asked to speculate on the "why" of what she perceived, Colonel Freeman first thought of external factors, like the fact that most of the male nurses were married and had children to worry about. Focusing directly on the situation, she went on: "If anything happened, it might be because they saw themselves as the one who would have to carry the weapons and fight to the last barrier...It might have been something they were brought up to expect in themselves, that made them look at all of this very differently."43

It may never be known whether there was a difference between males and females, but there was certainly a difference over time for Lieutenant Colonel Miller. Stationed at the 83d EVAC as a lieutenant, her "...hospital was moved because of the threat. We were about eight miles out of Qui Nhon and General Westmoreland came to see us and did not like our security. They had not put up bunkers and we were only 300 yards from VC Village. Of course, you have to realize that this was very early in the war [fall 1965]. They built bunkers and things like that and a couple of weeks later, Westmoreland came back. He said it was

still not secure enough, so he made an engineer unit in town give up their space. They were to move out there and we were to move back into town... Seventy-two hours after we left our location in 'The Valley,' it was hit by a mortar round.

They said that we probably would have easily lost 70 per cent of our physicians and male nurses because it hit right where their tents sat. Later, a MACV advisor told me that he was just amazed that we were never attacked. He never wanted to tell me while we were out there, but he felt the VC did not have the ammunition to waste on us and that was the only reason we were not hit...I can honestly say that at 24, I came to grips with my own death. I think that I realized that I was not indestructible. Usually you come to that realization as people your own age die...Maybe that's how I have thought about life ever since. I enjoy every day for what it's worth, because that may be all you have."44

INCOMING ... CASUALTIES

Exactly what did the nurses do in Vietnam? What were their working days like? Colonel Freeman summarized: "There was very little sameness in terms of patient care load. It was either very intense pushes with a lot of casualties coming in, or a lot of people with very acute medical conditions."45 Colonel Freeman's hospital was enlarged to 400 beds and designated a Civilian War Casualty Program (CWCP) hospital. "Sometimes during the year we took in more civilians in the hospital that we did military casualties."46 Did this cause a problem for the nurses

assigned to Vietnamese patients? The responses vary.

For those working in Freeman's Medical intensive care unit: "We were too busy to be worried about those kinds of things."[47] For others it was more difficult. Lieutenant Davis was in the Emergency room when two badly wounded troops from the Americal Division were brought in: "The Viet Cong came up on them and gouged their eyes out with bamboo sticks. The screams of these young men as they lay in the emergency room seemed to penetrate the whole base. Anger then came through. Not just the frustration and helplessness, but anger, and it was frightening. I found myself having to watch the troops, the doctors, and myself, when the Vietnamese came in so that we wouldn't do things we would be sorry for later."[48]

She went on to describe a confrontation with an American soldier. He wanted to know why, "...we would rush as much for the Vietnamese as we did for our own troops. And the response I gave him was that once they came to the emergency room, once they got to our door, our professional commitment said that we had to care for them, and that we would care for them as best we could. If they didn't want that or they didn't expect that, then they need not come to our door..."[49] True enough for that time and place, but Colonel Owen noted another side: "We had a little animosity feeling on everybody's part. We all got kind of worn out a little bit whenever we took care of the enemy. The Viet Cong--we did what was acceptable medicine for them, but it was not done with the vim and vigor or the ambition that they had for

the other troops."50

Even for the American patients, acceptable nursing care was difficult in the face of minimal supplies and the most basic equipment. In nursing school, Colonel Miller had been taught to give injections with a disposable needle; preferably one that was as small as possible to prevent pain. The rules changed in Vietnam: "We would have four or five needles that we would rush back to CMS, Central Material Service, to resterilize and sometimes it was a 16-gauge [big] to give an IM shot."51

The supply problem was not much different for medications. For Colonel Miller's first three months, the overall drug supply level was inadequate. She also had to ration out antibiotics because of time constraints. "You know we were giving massive doses of antibiotics, particularly penicillin, and I remember mixing little 100,000 unit bottles of penicillin. We wanted to give each patient two to four million units and still you were doing everything else. We would say,'Well, this guy's wounds don't look too bad, we will give him 1 million.' We had to do this because we couldn't keep up with trying to mix all those bottles for so many patients four times a day."52 The supply problem eased after those first three months, but the concern for the ability to improvise in such situations has stayed with Colonel Miller. She fears that the disposable world of today will not allow fulfillment of Colonel Freeman's tenant,"...make do."

"Make do," is a simple expression for the process of

triaging patients. Lieutenant Hansen said he and his colleagues learned the hard way that, "People had to be taken care of in a prudent use of resources." He was one week in country and off-duty when he wandered into the operating room: "...when I got in there they were working on a guy who had arrested [heart attack] a coupled of times. They were thumping on his chest about the third time when somebody...leaned in the door and said, 'They've just hit the embassy.' Everybody said, 'Yeh, right.' 'No,' he said, 'Forget this case. We have plenty more to go.' The marathon started at that point."53

One of four nurses interviewed who served during TET 1968, Major Freeman returned from her R&R to find her medical intensive care unit turned into a surgical intensive care unit overnight. Lieutenant Hansen was put to work immediately for 40 hours straight: "They'd bring food into the OR for us to eat. We just worked until we were dead exhausted or we ran out of supplies. Then we started to slow down because we didn't have anything sterile to work with. I think that was probably the third day of the offensive."54

For Hansen and his colleagues, reality set in faster than that. "We had a piece of butcher block paper that ran the whole width of the triage area, with names of people waiting to go to surgery on it. I think finally, the reality sunk in. The other thing is the chief of anesthesia started to do some of the triage and tell the people that there was no way we could work on them. Even though in a normal situation these guys possibly could have

been saved. We didn't have the supplies, the manpower, or the OR space to work on them. That was the hard cold fact that it came down to the second day of the offensive."55

Colonel Owen also served in the operating room. "We did something like 22 amputations in less that 12 hours of all Americans. They were multi-amputations of arms and legs on 22 different patients."56 Hansen lost track of his exact numbers, but vividly remembers the scene, "They brought a deuce and a half in that was full of bodies. The MPs went in to try to bring out a bunch of officers who were stuck in a BOQ. They got into the street and they cross-fired claymores into the deuce and a half and they just towed it in behind another deuce and a half with all of the bodies still on it. There were probably twelve or fourteen people just in that one load. Only a couple of them were dead then; a lot were really hurt..."57

Hansen's normal hospital census ran around 200, but he was told at that point, that they had at least 500 patients in house and over 600 bodies in the new OR building that had been turned into a morgue. With patients coming in hour after hour, day after day, relief was relative to the situation. Colonel Hansen remembered, "...we sort of got our break from the OR once in a while, we went outside to help in the triage area between cases. I think that was kind of a relief. Nobody intended it to be a relief... We would go outside to see if it was either daylight or it was dark so we would know."58

ENVIRONMENTAL RELIEF...

Environmental relief came in different forms at different times. For the troops, sometimes it was the hospital itself. Lieutenant Colonel Brown commented: "They didn't want to go back to the combat zone. What I thought was a terrible place was heaven to them. That was the best place they had seen during their entire experience."59 For the nurses who worked in the hospital everyday, something more was needed. During pushes likes TET, it did not take much to provide relief. For Colonel Hansen, it was the orientation of a look out of an ER window. For Colonel Owen, it was the rejuvenation of a couple of hours of sleep or a care package from home, shared with the staff. Colonel Brown found solace with his oil paints and occasional Sunday outings.

A day off might mean the beach or it might mean another work day at the orphanage in the next town. Colonel Davis explained, "...the first five months that I was working as a med-surg nurse, we had one day a week off. I donated most of my time--well, I didn't donate it actually, I enjoyed most of my time in travelling from Long Binh, which was the large military post here, to Bien Hoa, which was the nearest village. At Bien Hoa there was an orphanage that was run by Vietnamese nuns. It was there that I spent most of my off-duty time, both in the labor and delivery area of the hospital, which was connected to the orphanage, and in the orphanage itself."60

Colonel Graham turned to her colleagues after work. "There was a time when you would get off work at 7 or 8 o'clock, go over

and take a shower if you could because the VC used to blow up the pumps from the water station pretty regularly. Along about 7 or 8 o'clock you could find yourself with a head full of shampoo and no way to get it out. So, you learned quickly that you did that first or you were out of luck. Then you went to the club.

We drank pretty heavily until 12 or 1 o'clock in the morning when they closed the place up and we all sang 'God Bless America' and cried a bit and then got up the next morning. Most of the time we worked seven days. Sometimes six when it was lighter, but it was usually 12 hours a day, seven days a week. Making out a time schedule was easy because everybody worked all week and nobody was off. We did do things together. We had parties and looked forward to R&R."61

Everyone is entitled to R&R, right? Wrong! Approvals for R&Rs were given out on a priority basis. Colonel Freeman quickly learned the basic guideline for medical personnel: "The higher the rank, the less your priority. Since I was a major, I had less priority so, I didn't get my R&R."62 That was her first request. For her second attempt, she knew that leaves were not granted for someone with less that 30 days in country. She submitted her second request just under the wire and it was promptly denied. A reprieve came in the command decision to reverse the previous disapprovals.

Colonel Freeman joined the ranks of the vacationing few trying to get to Australia. The only female on the plane, she was met by, "...two American males in civilian clothes who escorted

me down the steps and into the airport. We went through a couple of offices and out into a waiting area where we got an orientation on how to be good on R&R. I never did figure that one out. Later on someone said it might have been because at that time all the troops coming into Australia were being searched. And I guess that was somebody's gesture to assist the lone female to make sure that she was not searched."[63] Colonel Freeman returned after eight days of leave, for her last few weeks in country. Shortly after her return, the medical intensive care unit became a surgical intensive care unit, and the casualties kept coming.

EXPECTANTS...

Each nurse expressed the pain and frustration of working on a soldier only to have him get well and return again the next week. The only thing worse was to have him come in the first time and know that he was going to die. It was Colonel Hansen's most difficult experience: "Spending time with the expectants. I think it was real hard for me to see somebody that could have been my brother, same age, not a whole lot younger than I was, that was talking to me and we knew that they were going to die...After it was all over, it was like that door shut, and you did something else. I never held still the whole time I was there... if I stopped, I would have to think. I just didn't want to think."[64] He called it denial, and it worked for awhile, only to be replaced by anger when he got home.

It was the part never told by Colonel Graham and the part

she has yet to resolve. She has carried the memory longer than the patient's entire life span of 18 years: "He was really in pretty bad shape. All day he was very alert. He was awake through most of this, but there was really very little we could do for him. The ORs were very busy with the heavy casualties and he would have been a long case to do anything for; that is if we could have done anything for him which we really couldn't. He was very ill. He spent all day calling for his mother.[tearful] I had forgotten some of this, I'm sorry."65

"Along about six o'clock that night he died. I stood there and wept...I was devastated. I can remember thinking that nobody else knew he died, but me. Somewhere he had a mother and a sister or some family, you know, who were probably talking about him and expecting him home...There were lots of incidence similar to that but that one probably stays in my mind the longest because there really wasn't anything I could do for him."66

The feelings of helplessness and hopelessness were shared by the other medical staff. In the OR, Colonel Davis looked on at the terror and frustration in the eyes of the physicians: "...because with all of this training that they had, and all the knowledge that they had and all that we could give, we still couldn't give this man a chance."67 She recalled a nineteen year old who never made it to the operating room. "I remember trying to wrap his head so that his brains would not be lying on the litter. He looked up at me and said, 'Well, how does it look?' I had to tell him, 'It doesn't look good, but you won't be

alone.' That was really all we had to offer him."[68]

"...you won't be alone," may well have been the only comfort Lieutenant Davis could offer her patient, but it was not an insignificant gift. It meant that someone else would be there to support you and see you through. She did this many times for the patients who came through the hospital, and once for her best friend, "She was a Lieutenant. We had done a lot of MEDCAP together and had been invited to the Vietnamese Army's celebration for TET in '67 as guests of honor. She became so ill she had to be air evac'd out, but first we had to stabilize her for a while. She had severe headaches and they asked me to sit with her to try to identify whether or not she would be seizing. ...I think that was probably the most emotionally draining time because it involved someone I knew. There were a couple of times when the married nurses at the hospital would have their husbands brought in...Those things that involved us personally were the most draining at that particular time."[69]

When asked what sustained her through that ordeal, Colonel Davis sat forward in her chair with a smile on her face and replied, "...the support from my chief nurse Colonel Jamison. Colonel Jamison had had experience as an Army Nurse from World War II, and looking back on her, she was my role model. A person that I emulate as an Army Nurse to this day. She genuinely cared about her nurses; she calls us her girls even now, though we've all married, been married, or have children of our own. Her genuine compassion for everyone and the fact that she was there

and she understood. Not that she was soft on us; she expected us to do the best we could, and knew that the best we did, would be good enough. Those things are what sustained us through all those periods."70

Looking at sustainment for the future, Colonel Freeman directed her comments to a specific group: "I guess I'd want to talk to the older ones more and I'd want to tell them to really look out for the younger ones." When asked to explain, she replied, "That they have an obligation to them, not only to provide nursing supervision, but they have an obligation to provide them with the support of one who is grooming an officer as well as a nurse. I was so fortunate with the people that I dealt with there. They opened themselves up. That might have been a function of maturity because many of them weren't just out of school. But the helping of each other. That they care, they care for each other as much as they care for the patients. They support each other as much as they support the patients."71

Davis and Freeman both addressed external support supplied by the chief nurse and/or other senior nurses, whereas Colonel Brown looked internally: "You have to have a lot of inner strength. How an individual goes about having inner strength, each has to decide for themselves. Spiritual strength is probably one of the most enduring strengths because the good Lord is always with you no matter where you are, even if there is not one else around who cares. He is always there."72

Recalling her time on a critical care ward, Colonel Miller

also highlighted the connection between spirituality and inner strength. "I am not a religious fanatic, but I have a deep faith in God. I would do everything in my power to help somebody survive and if they died, then that was beyond what I could control. I think that belief helped me survive losing patients. Some nurses got into problems emotionally because they believed they had made a mistake if the patient died. I never felt that way....I have no doubt that, that helped me to survive."73

GOODBYES...

With 12-hour shifts, no days off each week or perhaps just one, and nonstop casualties, one might predict that DEROSing would be a joyous event with no looking back. This was true for Colonel Owen. "You just dropped out of the picture. Your replacement came in and you were headed off back to the states...I think that I felt good about doing a good job while I was there. Now it was someone else's turn to do it."74

But, things were not as cut and dry for the other nurses interviewed. Colonel Miller's last days were characterized by mounting frustration with the war itself. "Not from a military standpoint, but I think more from a political standpoint. Hearing the frustrations of various officers who were in fighting units, about the fact that they would go in and clear an area, walk out and then of course the VC would come back in. What was gained? We would be getting casualties each time this happened...casualties that came out of the same area that two months ago we had, had casualties out of. I think I was

certainly ready to come home."75

Her frustration level increased even more during her last 30 days as she tried to orient new personnel. Because there were only two experienced critical care nurses left on the ward, Colonel Miller wound up with only two days off during her last month in country. How did she handle it? "If that was what it took to get the work done, then that's what I did. I was tired. I didn't do much but go home and sleep, but that was a fact of life. It didn't bother me. I think something that made Vietnam unique from other wars was that everybody had their short timers' calender. I think you can survive, at least I can, if I know the end of it."76

Goodbyes were not just for when you were leaving. Colonel Davis remembered, "...the thing that really was bad was when you were staying behind and your friends were leaving...I saw a lot of people go through real separation depression when their good friends would DEROS back to the states."77 Colonel Freeman experienced it half way through her year when, "The command tried to do something about the fact that so many of us had come in initially with the same unit. So that we wouldn't all be leaving at the same time at mid-year they had taken a certain number of the people who had come initially and sent them to different hospitals."78

Most were prepared for the sadness which accompanies loss and separation, but few anticipated the ambivalence. Colonel Graham described her first confrontation with such feelings and

the help she received from a Special Forces helicopter pilot. "The ambivalence was incredible. I wanted to go, but I didn't want to go. I was excited about going, but I was afraid to go, really afraid to go. And when I thought about what I was afraid of, it was that I realized that I had changed a lot and I really wasn't sure how I was going to manage that. I was a very different person. There was no judgment as to whether it was better or worse, just different."

"I remember saying that and trying to explain that to him. Based on his experiences, since this was his second tour, he said, 'Sally, let me tell you something. When you go home, you are going to find that you are going to be very impatient with people, because they don't understand. They really can't understand what you are trying to tell them. And you will be very impatient with them about it.' And he was absolutely right! Incredible as it may seem, I was impatient and became upset when they didn't understand. At the same time, it really didn't matter to me whether they did or not. Those two emotions were there at the exact same time."79

Regardless of the myriad of feelings experienced, eventually that last day arrived and all had to get on the plane bound for home. The cheering that accompanied clearing Vietnam air space was usually followed by an unlimited flow of alcohol. Anticipating a late arrival, Colonel Freeman's group had every intention of holding a three day airport motel party when they reached the United States. But, schedules where changed and they

arrived in Seattle early in the morning, so "...everybody went in fifty-hundred different directions and got out on flights."80

Some were greeted by family, others met by friends. Some spoke of their experiences, other studiously avoided the topic. Some were treated as returning vacationers, others like a returning hero. Some went to the "Wall," others have yet to go.

CLOSURE...

Vietnam did not end with the long flight home. Colonel Freeman carried it to her next assignment at the Medical Field Service School (MFSS. Now the Academy of Health Sciences). She incorporated the "lessons learned" into her basic training classes. As more and more nurses returned to the MFSS from duty in Vietnam, Colonel Freeman found an ever expanding group of people with whom she could converse: "So, we talked about it to some extent. But in looking back at that, it seems to me it wasn't the fact that you wanted to or didn't want to. It was the fact that you knew if you needed to, there was someone there that you could talk to about it."81

Colonel Hansen now wishes that he could have had the same experience: "It may be just for me but I think if we could have had a chance to talk to the new people going over. And not that we would have harmed them with what we said, not to treat them, but to treat us. I think that we may have had a chance to feel our experience had been worthwhile for at least one other person."82 Hansen's only opportunity to share his experiences, came unexpectantly. It was a year after his return and he was on

a hunting trip with his brother who also had been to Vietnam. "He saw something and fired...I just hit the deck and rolled and came up and pointed the weapon at him. Then both of us sat down and talked about what it was like there."83 Hansen could not explain the unspoken agreement with his brother not to talk about Vietnam the previous year. But, he did have thoughts on why he has never discussed the topic with those who have never been to Vietnam.

"You are probably the first person I have talked to that has not...I'm just real uneasy talking about it...There is still a feeling that you wouldn't understand...There are some things that happened that were funny but there are different mores. They are not funny now. I mean, they bring out the feeling that they were funny if I think about it. But then, I look at it in the context of today and that was kind of bizarre...if you weren't there you couldn't understand how come things happened the way they did. I guess that is part of the reason why it is hard to talk to somebody else."84

Questioned as to whether he thought these feeling were unique to the Vietnam war, Colonel Hansen answered: "My uncle was in Korea and he was at the parallel. After I came back, he talked to me about it. He never said anything about it before. He was kind of curious to find what experience I had, compared to what he had. I think that is kind of true for people who have been through a war where you see the casualties of war...we saw it; not because we saw the people get hit, we saw the wounds. We

saw how destructive the war was. I think that is real hard to have somebody understand. Intellectually, I know you can understand it, but I have a hard time bringing that out in a feeling level. This is a test for me."85

Colonel Hansen described the disconnect between knowing something intellectually and knowing it on a "feeling" level. His disconnect was with other people understanding his Vietnam experience. Colonel Graham experienced the same disconnect in understanding her own Vietnam experience. "When I first came home, I said it didn't really bother me. I had put this all out of my head. But, I went to a movie. I went to see 'Deliverance'... there is a scene in it where this body is coming down the river and it has been going through rock and whatever, so the arms are out of joint...That night I was sitting in that movie and had to leave because it was instant deja vu. I can remember being back in the emergency room in Vietnam..."

"I went looking for something in this one big ER room. There was a curtain in the back and I went to get something out of the cupboard. I pulled the curtain up and on the floor was a body. His one leg was disarticulated, so that when you looked at him, one leg was down and one leg was back up over his head. I didn't know what I was looking at, at first...I got what I wanted and left and was down the road there doing things before I realized what I had seen. I just didn't have time to stop and think about it. Didn't think about it again ever in conscious life, until that night in the movies. And seeing that, it was

instant...I could not stay. I had to leave. I couldn't even explain what the problem was..."86

Initially Colonel Davis could not explain "the problem" either. Looking back, she now calls it denial and speculates about how others might feel: "They are refusing to admit that there is, or could be, or will ever be, an emotional component to their time in Vietnam."87 Colonel Davis' admission of that 'emotional component' came over ten years after her return from Vietnam. She responded to a call from the emergency room: "I got there rapidly went into the room where the troop was and saw him lying there. He had lost his right arm midway between his elbow and his shoulder and he had lost his face from just below his eyes to just above his chin...I had to turn quickly and lean against the wall outside because I nearly fainted...It was like a rote type of behavior that took over and I just began to do the things that needed to be done...That afternoon, when it was over and for a number of weeks thereafter, I was really depressed."88 Lost as to the source of her depression, Colonel Davis was caught short by another nurse's assessment that maybe it was connected to Vietnam. It had been over ten years and she thought she had adjusted well.

When Colonel Davis got the her next duty station, she sought out others. "There a number of women who had been in Vietnam. We got together and realized that we needed to work some things out. In 1979 or '80, we had a couple of meetings that were kind of on our own and then the chaplains from the Academy sort of

adopted us and sponsored a weekend seminar. They brought in an outside facilitator and we did a lot of healing there, sharing with one another. Some of the things that I remember today, are things that I had not thought about or remembered until our meeting then. I think that we've made a better transition, from all that we went through and from all that we benefitted and gained during the war."89

Colonel Davis speculated on the differences in adjustment between those that stayed and those that left military service. "We're the ones who stayed in the military...we have continued to retain the purpose for doing what we did...The folks that got out, sort of were on their own and they had to identify within themselves, why they did what they did. Maybe they over identified with the people yelling 'baby killers,' and internalized a whole lot of guilt that really doesn't belong to them."90

But what about now, for those still having problems? Davis continued, "I think that the Vietnam Women's Memorial can help... I think there are a lot of women out there, whether they're using denial or sublimation or whatever...[they] could benefit by recognizing that they are not alone in the feeling that they have. I think there are a lot of us in the Nurse Corps who went to Vietnam, [who] never recognized that there are problems and that having problems doesn't mean that you are weak or inefficient or ineffective. It just means that you're human."91

Acknowledgement of an emotional component to time served in

Vietnam was clearly seen in the answers to the question whether or not they had visited the "Wall," the Vietnam Memorial. Colonel Owen goes frequently with a friend who had served with her in Vietnam. "We have gone down there and traced some of the names of the patients that she was particularly attached to. That is very touching for her, very emotional..."92 Colonel Freeman stated, "I go back periodically because I'm just drawn back...I usually go back at odd times, like late at night or very early in the morning because there are fewer people."93

Colonel Davis' visit was before her weekend retreat with her colleagues. "I've been to the Vietnam Memorial once, but I've not been through it...I made it to the monument and took pictures of the troops, but I couldn't go through it. I went and sat and waited for them [friends]. I didn't want to cry."94 For two of the nurses, that was the toughest question in the entire interview. Colonel Hansen did not answer for awhile as tears rolled down his cheeks. "I went down there about three years ago. My wife and I went down. It was real tough. I know some people on [the wall] there. Most of them I don't remember...This is real hard."95

These seven nurses broke their silence about nursing in Vietnam in hopes that their memories might help those who will be called to serve in combat situations in the future. Colonel Graham's answer told me why it has taken so long. It was a quick and definite, "No!" When asked if she had any plans to go to the memorial in the future, the tears started. She finally

whispered, "No, I can't go."96

1. Interview with Lieutenant Colonel Sally Graham, 23 November 1987, transcript pp. 26-27.

2. Names of active duty Army Nurse Corps officers have been changed to protect their privacy. Official transcripts of the interviews are available at the U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania.

3. Dennis Rieker, Lieutenant Colonel, Strength Management Officer, Army Nurse Corps Branch, TAPA, Washington, DC 20324.

4. Robert H. Stretch, James D. Vail and Joseph P. Maloney, "Posttraumatic Stress Disorder among Army Nurse Corps Vietnam veterans," Journal of Consulting and Clinical Psychology, 53 (May 1985), 704-707.

5. Lynda Van Devanter, Home Before Morning (New York: Warner, 1983).

6. Anonymous comments heard from senior Army Nurse Corps officers in 1983.

7. Anonymous quote, senior Army Nurse, Greenbelt, Maryland, 1983.

8. Wynona Bice-Stephens, Major, Army Nurse Corps Historian, US Army Center of Military History, Washington, DC 20314.

9. Interview with Lieutenant Colonel Eugene Brown 16 November 1987, transcript p. 7.

10. Interview with Lieutenant Colonel Elizabeth Miller, 23 November 1987.

11. Interview with Colonel Gail Freeman, 23 November 1987.

12. Freeman, transcript, p. 2.

13. Interview with Lieutenant Colonel Pamela Davis, 16 November 1987.

14. Brown, transcript, p. 10.

15. Graham, transcript, p. 7.

16. Davis, transcript, p. 5.

17. Lawrence Urdang, ed., College Dictionary (New York: Random House, 1968), p. 325.

18. Graham, transcript, p. 29.

19. Ibid., p. 8.

20. Ibid., p. 16.

21. Freeman, transcript, pp. 5-6.

22. Ibid., p. 6.

23. Graham, transcript, pp. 21-22.

24. Freeman, transcript, p. 12.

25. Davis, transcript, pp. 10-11.

26. Miller, transcript, pp. 15-16.

27. Brown, transcript, pp. 27-28.

28. Ibid., p. 30.

29. Interview with Colonel Rhoda Owen 16 November 1987.

30. Owen, transcript, pp. 10-11.

31. Ibid., p.20.

32. Miller, transcript, p. 12.

33. Ibid., p. 8.

34. Ibid., p. 16.

35. Davis, transcript, p. 37.

36. Ibid., p. 38.

37. Ibid., pp. 35-36.

38. Interview with Lieutenant Colonel Donald Hansen 17 November 1987.

39. Hansen, transcript, pp. 19-20.

40. Owen, transcript, p. 29.

41. Ibid., pp. 29-30.

42. Freeman, transcript, p. 30.

43. Ibid., p. 31.

44. Miller, transcript, pp. 37-38.

45. Freeman, transcript, p. 9.

46. Ibid.

47. Ibid., p. 10.

48. Davis, transcript, p. 33.

49. Ibid.

50. Owen, transcript, p. 17.

51. Miller, transcript, p. 30.

52. Ibid., p. 31.

53. Hansen, transcript, p. 7.

54. Ibid., p. 8.

55. Ibid., p. 9.

56. Owen, transcript, p. 7.

57. Hansen, transcript, pp. 10-11.

58. Ibid., p. 12.

59. Brown, transcript, p. 39.

60. Davis, transcript, pp. 9-10.

61. Graham, transcript, pp. 23-24.

62. Freeman, transcript, p. 19.

63. Ibid., p. 20.

64. Hansen, transcript, pp. 15-16.

65. Graham, transcript, p. 18.

66. Ibid., pp. 19-20.

67. Davis, transcript, p. 32.

68. Ibid., pp. 32-33.

69. Ibid., pp. 16-17.

70. Ibid., p. 18.

71. Freeman, transcript, pp. 28-29.

72. Brown, transcript, p. 40.

73. Miller, transcript, p. 36.

74. Davis, transcript, pp. 20-21.

75. Miller, transcript, p. 21.

76. Ibid., p.20.

77. Davis, transcript, p. 17.

78. Freeman, transcript, p. 21.

79. Graham, transcript, pp. 25-26.

80. Freeman, transcript, p. 23.

81. Ibid., p. 25.

82. Hansen, transcript, p. 37.

83. Ibid., p. 25.

84. Ibid., pp. 27-28.

85. Ibid., pp. 28-29.

86. Graham, transcript, pp. 30-31.

87. Davis, transcript, p. 45.

88. Ibid., pp. 41-42.

89. Ibid., pp. 42-43.

90. Ibid., p. 43.

91. Ibid., pp. 43-44.

92. Owen, transcript, p. 25.

93. Freeman, transcript, p. 27.

94. Davis, transcript, p. 41.

95. Hansen, transcript, p. 31.

96. Graham, transcript, p. 27.

BIBLIOGRAPHY

Bice-Stephens, Wynona. Army Nurse Corps Historian. US Army Center of Military History, Washington, DC 20314.

Brown, Eugene. Interview with S. Richie, 16 November 1987, Transcript, pp. 1-42.

Davis, Pamela. Interview with S. Richie, 16 November 1987, Transcript, pp. 1-53.

Freeman, Gail. Interview with S. Richie, 23 November 1987, Transcript, pp. 1-32.

Graham, Sally. Interview with S. Richie, 23 November 1987, Transcript, pp. 1-32.

Hansen, Donald. Interview with S. Richie, 17 November 1987, Transcript, pp. 1-39.

Miller, Elizabeth. Interview with S. Richie, 23 November 1987, Transcript, pp. 1-40.

Owen, Rhoda. Interview with S. Richie, 16 November 1987, Transcript, pp. 1-32.

Rieker, Dennis. Strength Management Officer, Army Nurse Corps Branch, TAPA, Washington, DC 20324.

Stretch, Robert H.; Vail, James D.; and Maloney, Joseph P. "Post-traumatic Stress Disorder among Army Nurse Corps Vietnam veterans." Journal of Consulting and Clinical Psychology 53 (May, 1985): 704-707.

Urdang, Lawrence, ed. College Dictionary. New York: Random House, 1968.

Van Devanter, Lynda. Home Before Morning. New York: Warner, 1983.

REFERENCES

COPING/SUSTAINMENT/STRESS

Folkman, Susan; Lazarus, Richard S.; Dunkel-Schetter, Christine; Delongis, Anita; and Gruen, Rand J. "Dynamics of a Stressful Encounter: Cognitive Appraisal, Coping and Encounter Outcomes." Journal of Personality and Social Psychology. 50 (May 1986): 992-1003.

Friedman, Meyer and Roseman, Ray H. Type A Behavior and Your Heart. New York: Fawcett Crest, 1974.

Lazarus, Richard S. Personality and Adjustment. Inglewood Cliffs: Prentice-Hall, 1963.

Lazarus, Richard S. Psychological Stress and the Coping Process. New York: McGraw-Hill, 1966.

Lazarus, Richard S.; Averill, James R.; and Opton, Edward M. "The Psychology of Coping: Issues of Research and Assessment." In Coping and Adaptaion, pp. 249-315. Edited by George V. Coelho, David A. Hamburg, and John E. Adams. New York: Basic Books, 1974.

Lazarus, Richard S. and Folkman, Susan. Stress Appraisal and Coping. New York: Springer Publishing, 1984.

Moos, Richard H. "Psychological Techniques in the Assessment of Adaptive Behavior." In Coping and Adaptation, pp. 334-402. Edited by George V. Coelho, David A. Hamburg, and John E. Adams. New York: Basic Books, 1974.

ORAL HISTORY

Dunaway, David K. and Baum, Willa K. Oral History-An Interdisciplinary Anthology. Nashville: American Association for State and Local History, 1984.

Ives, Edward. The Tape-Recorded Interview. Knoxville: The University of Tennesse Press, 1980.

Sitton, Thad; Mehaffy, George L.; and Davis, O.L. Oral History. Austin: University of Texas Press, 1983.

VIETNAM/MILITARY WOMEN

Craigwell, Joan Arrington and Young, Ellen Hoffman. "Vietnam War's Forgotten Woman Veterans." The San Diego Union, 20 September 1987, sec. C, pp. 1, 4.

Dorland, Peter and Nanney, James. Dust Off: Army Aeromedical

Evacuation in Vietnam. Washington, DC: Center of Military History, 1982.

Elshtain, Jean Bethke. Women and War. New York: Basic Books, 1987.

Freedman, Dan and Rhoads, Jacqueline. Nurses in Vietnam. Austin: Texas Monthly Press, 1987.

Holm, Jeanne. Women in the Military. Novato: Presidio Press, 1982.

Kramer, Linda. "Vietnam's Women Vets." Washington Post, 22 February 1988, sec. B, p. 5.

MacPherson, Myra. Long Time Passing: Vietnam & The Haunted Generation. New York: New American Library, 1984.

Marshall, Kathryn. In the Combat Zone. Boston: Little, Brown, and Company, 1987.

Neel, Spurgeon. Vietnam Studies: Medical Support of the U.S. Army in Vietnam 1965-1970. Washington, DC: Department of the Army, 1973.

Paul, Elizabeth A. "Wounded Healers: A Summary of the Vietnam Nurse Veteran Project." Military Medicine 150 (November 1985): 571-576.

Paul, Elizabeth A. and O'Neill, Jacquelyn S. "American Nurses in Vietnam: Stressors and Aftereffects." American Journal of Nursing (May 1986): 526.

Rogers, Barbara and Nickolaus, Janet. "Vietnam Nurses." Journal of Psychological Nursing 25 (April 1987): 11-15.

Schwartz, Linda Spoonster. "Women and the Vietnam Experience." IMAGE: Journal of Nursing Scholarship 19 (Winter 1987): 168-173.

Spector, Ronald H. Researching the Vietnam Experience. Washington, DC: U.S. Army Center of Military History, 1984.

Sutterville, Joe. "Women's Vietnam Memorial Project." American Legion Magazine, November 1987, pp. 22-23.

Tillman, Angela. "Vietnam rememberances through hearts and souls of six friends." Stripe, 25 April 1986, pp. 16-17.

Walker, Keith. A Piece of My Heart. New York: Ballantine Books, 1985.

Appendix A---BIO BRIEF

NAME	#1	#2	#3	#4	#5	#6	#7
BROWN, EUGENE **Lieutenant Colonel** 6th Convalescent Center Cam Rahn Bay	4yr 7mos	BSN	JUL '66	6mos	JAN '67	MAR '67	MED- SURG
DAVIS, PAMELA **Lieutenant Colonel** 93rd EVAC Long Bihn 312th EVAC Chu Lai 12th EVAC Cu Chi	3yr	Dipl	JUL '66	7wks	JUL '66	AUG '66 SEP '68 FEB '69	MED- SURG & OR OR OR
FREEMAN, GAIL **Colonel** 91st EVAC Phuhiep	13yr	MS	JUL '66	4mos	DEC '66	FEB '67	ICU
GRAHAM, SALLY **Lieutenant Colonel** 91st EVAC Phuhiep 67th EVAC Qui Nhon	7yr	BSN	MAR '68	5mos	JUL '68	AUG '68	ICU
HANSEN, DONALD **Lieutenant Colonel** 155th Med Detach 3d Field Hosp Saigon	6mos	Dipl	FEB '67	10mos		JAN '68	OR
MILLER, ELIZABETH **Lieutenant Colonel** 85th EVAC Qui Nhon	0	BSN	SEP '64	9mos	JUL '65	AUG 65	ICU
OWEN, RHODA **Colonel** 85th EVAC Qui Nhon	5yr	Dipl	MAR '62	5yr	JUL '67	AUG '67	OR

#1--Prior service nursing experience
#2--Prior service education level
#3--Date to Basic Training
#4--Army nursing experience
#5--Date received orders
#6--Date to Vietnam
#7--Clinical duty

Appendix B

QUESTIONAIRE GUIDE

1. When did you come on active duty?
2. How long was it between then, and when you actually received your orders?
3. What was your educational background and nursing experience, prior to going to Vietnam?

4. When you received your orders, what was your reaction?
5. And what was the reaction of your family and friends?

6. How did you prepare yourself for deployment, both personally and militarily?

7. When you arrived in country, where did you land?
8. Did you immediately go to your assigned unit?
9. What was going on in Vietnam when you arrived?
10. What do you recall about your first week in Vietnam?

11. What is your most vivid memory of Vietnam?
12. How did you feel about being an Army Nurse, in Vietnam, in the sixties?

13. What did you find most difficult about being a nurse in Vietnam? What helped you get through the day?

14. What was your most demanding experience? How did you handle the situation?

15. What was your worse experience in Vietnam? What helped you most during that time?

16. What was the funniest thing that happened while there?

17. Describe how you felt when it was time to rotate?
18. What were your feelings when you actually arrived home?

19. Do you still think about Vietnam?
20. Do you have any thoughts about the Vietnam Memorial?

21. Based on your experience, what advice would you give to those Army Nurses who may be called in the future?

22. Is there anything else that you would like to share about your experiences as an Army Nurse in Vietnam?

Appendix C

GLOSSARY

Article 15: nonjudicial punishment given by commander

Bunker: dug out hole, reinforced with sandbags lumber

Chinook: transport helicopter for men and equipment

Conex: large containers used to transport supplies

Coordinates: numbers to indicate the exact spot on a map

DEROS: date of estimated return from an overseas station

Deuce and a half: two and a half ton truck

Dust Off Unit: helicopter unit for medical evacuation

EVAC: abbreviation for evacuation

Flak Jacket: bullet proof vest

Hootch: tent or hut used for living quarters

ICU: intensive care unit

Incoming: announcement of arriving casualties or enemy fire

MACV: Military Assistance Command, Vietnam

MASCAL: large number of casualties at one time

MEDCAP: medical civil assistance program

OR: operating room

R&R: rest and recreation

TET: Vietnamese New Year

Thoracic: chest

VC: Viet Cong

Wall: Vietnam Veterans' Memorial in Washington, DC

END

DATE

FILMED

8-88

DTIC